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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<small>0010/PTO Rev. 6/95</small> <div style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing</div>	<small>U.S. Department of Commerce Patent and Trademark Office</small>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">H 3954 PCT/US</td></tr><tr><td>First Named Inventor</td><td>Baumoeiller, Guido</td></tr><tr><td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	H 3954 PCT/US	First Named Inventor	Baumoeiller, Guido	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	H 3954 PCT/US															
First Named Inventor	Baumoeiller, Guido															
<i>COMPLETE IF KNOWN</i>																
Application Number																
Filing Date																
Group Art Unit																
Examiner Name																

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF EMULSIONS AS IMPREGNATING AGENTS AND REVIVING AGENTS

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 02/04/2000 as United States Application Number or PCT International

Application Number PCT/EP00/00904 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
199 06 081.9	Germany	02/13/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<div><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/00904	02/04/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number	or label	
OR				
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				
Name	Registration Number	Name	Registration Number	
John E. Drach	32,891	Steven J. Trzaska	36,296	
Aaron E. Ettelman	42,516	Henry E. Millson, Jr.	18,980	

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	23657	OR	<input type="checkbox"/> Fill in correspondence address below
Name	Steven J. Trzaska				
Address					
Address					
City		State		Zip	
Country		Telephone	610-278-4929	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Guido	Middle Initial		Family Name	BAUMOELLER	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany
Post Office Address	Am Treppchen 5						
Post Office Address							
City	42799 Leichlingen	State		Zip		Country	Germany
Applicant Authority							
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Rolf			Middle Initial				Family Name		KAWA			Suffix e.g. Jr.					
Inventor's Signature												Date							
Residence: City		Monheim			State				Country		Germany			Citizenship		Germany			
Post Office Address		Fontanestrasse 28																	
Post Office Address																			
City		40789 Monheim			State				Zip				Country		Germany				
Applicant Authority																			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Achim			Middle Initial				Family Name		ANSMANN			Suffix e.g. Jr.					
Inventor's Signature												Date							
Residence: City		Erkrath			State				Country		Germany			Citizenship		Germany			
Post Office Address		Kirchberg 25																	
Post Office Address																			
City		40699 Erkrath			State				Zip				Country		Germany				
Applicant Authority																			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.					
Inventor's Signature												Date							
Residence: City					State				Country					Citizenship					
Post Office Address																			
Post Office Address																			
City					State				Zip				Country						
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Given Name					Middle Initial				Family Name					Suffix e.g. Jr.					
Inventor's Signature												Date							
Residence: City					State				Country					Citizenship					
Post Office Address																			
Post Office Address																			
City					State				Zip				Country						
Applicant Authority																			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.					
Inventor's Signature												Date							
Residence: City					State				Country					Citizenship					
Post Office Address																			
Post Office Address																			
City					State				Zip				Country						
Applicant Authority																			
Additional inventors are being named on supplemental sheet(s) attached hereto																			